Developing the 2008 Immunization Schedules for Children and Adolescents

ACIP Working Group

Chair: Julie Morita MD

Presented by Angela Calugar MD, MPH

Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Presentation Outline

- **Feedback from immunization providers on current schedules**
- **Update on the ACIP work group (WG) activities**
- **Proposed changes to the immunization schedules-- 2008**

DEPARTMENT OF HEALTH AND

Recommended Immunization S

Vaccine ▼ Age ▶	Birth	1 month	2 mont
Hepatitis B[1]	HepB	HepB	
Rotavirus[2]			Rot
Diphtheria, Tetanus, Pertussis[3]			DTa
Haemophilus influenzae type b[4]			Hib
Pneumococcal[5]			PCV
Inactivated Poliovirus			IPV
Influenza[6]			
Measles, Mumps, Rubella[7]			
Varicella[8]			
Hepatitis A[9]			
Meningococcal[10]			

This schedule indicates the recommended ages for routine administratio childhood vaccines, as of December 1, 2006, for children aged 0–6 years is available at http://www.cdc.gov/nip/recs/child-schedule.htm. Any dose recommended age should be administered at any subsequent visit feasible. Additional vaccines may be licensed and recommended dur combination vaccines may be used whenever any components of the combi

1. Hepatitis B vaccine (HepB). *(Minimum age: birth)*

At birth:

- Administer monovalent HepB to all newborns before hc
- If mother is hepatitis surface antigen (HBsAg)-positive, and 0.5 mL of hepatitis B immune globulin (HBIG) within
- If mother's HBsAg status is unknown, administer Hep of birth. Determine the HBsAg status as soon as poss if HBsAg-positive, administer HBIG (no later than age
- If mother is HBsAg-negative, the birth dose can only l physician's order and mother's negative HBsAg labor documented in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either mo a combination vaccine containing HepB. The second administered at age 1–2 months. The final dose shou at age ≥24 weeks. Infants born to HBsAg-positive mc tested for HBsAg and antibody to HBsAg after compl of a licensed HepB series, at age 9–18 months (genera well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when c vaccines are administered after the birth dose. If mono used for doses after the birth dose, a dose at age 4 mont

2. Rotavirus vaccine (Rota). *(Minimum age: 6 weeks)*

- Administer the first dose at age 6–12 weeks. Do not s later than age 12 weeks.
- Administer the final dose in the series by age 32 weel ister a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges

3. Diphtheria and tetanus toxoids and acellular p (DTaP). *(Minimum age: 6 weeks)*

- The fourth dose of DTaP may be administered as early a provided 6 months have elapsed since the third dose
- Administer the final dose in the series at age 4–6 year

4. *Haemophilus influenzae* type b conjugate vacc *(Minimum age: 6 weeks)*

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is adm and 4 months, a dose at age 6 months is not required
- TriHiBit® (DTaP/Hib) combination products should no primary immunization but can be used as boosters fo vaccine in children aged ≥12 months.

The Recommended Immunization Schedules for Persons Aged 0 the American Academy of Pediatrics (http

DEPARTMENT OF HEALTH AND HUMA

Recommended Immunization Sched

Vaccine ▼ Age ▶	7–10 years	
Tetanus, Diphtheria, Pertussis[1]	*see footnote 1*	
Human Papillomavirus[2]	*see footnote 2*	
Meningococcal[3]	MPSV4	
Pneumococcal[4]		
Influenza[5]		In
Hepatitis A[6]		
Hepatitis B[7]		
Inactivated Poliovirus[8]		
Measles, Mumps, Rubella[9]		
Varicella[10]		V

This schedule indicates the recommended ages for routine administration licensed childhood vaccines, as of December 1, 2006, for children aged Additional information is available at http://www.cdc.gov/nip/recs/child-s Any dose not administered at the recommended age should be adminis subsequent visit, when indicated and feasible. Additional vaccines may and recommended during the year. Licensed combination vaccines n whenever any components of the combination are indicated and other

1. Tetanus and diphtheria toxoids and acellular pertu vaccine (Tdap).

(Minimum age: 10 years for BOOSTRIX® and 11 years for ADAC

- Administer at age 11–12 years for those who have completed th recommended childhood DTP/DTaP vaccination series and have n a tetanus and diphtheria toxoids vaccine (Td) booster dose.
- Adolescents aged 13–18 years who missed the 11–12 year Td/Td dose should also receive a single dose of Tdap if they have compl recommended childhood DTP/DTaP vaccination series.

2. Human papillomavirus vaccine (HPV). *(Minimum age:*

- Administer the first dose of the HPV vaccine series to females at a 11–12 years.
- Administer the second dose 2 months after the first dose and the 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years previously vaccinated.

3. Meningococcal vaccine. *(Minimum age: 11 years for menin conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharic [MPSV4])*

- Administer MCV4 at age 11–12 years and to previously unvaccina adolescents at high school entry (at approximately age 15 years).
- Administer MCV4 to previously unvaccinated college freshmen liv dormitories; MPSV4 is an acceptable alternative.
- Vaccination against invasive meningococcal disease is recommen children and adolescents aged ≥2 years with terminal complemer deficiencies or anatomic or functional asplenia and certain other h groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for chi 2–10 years and MCV4 or MPSV4 for older children.

4. Pneumococcal polysaccharide vaccine (PPV). *(Minimum*

- Administer for certain high-risk groups. See *MMWR* 1997;46(No. and *MMWR* 2000;49(No. RR-9):1–35.

The Recommended Immunization Schedules for Persons Aged 0–18 Yea the American Academy of Pediatrics (http://www.a

SAFE

Catch-up Immunization Schedule for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

UNITED STATES • 2008

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses: Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus[2]	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis[3]	6 wks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 wks	4 weeks if first dose administered at age <12 months; 8 weeks (as final dose) if first dose administered at age 12-14 months; No further doses needed if first dose administered at age ≥15 months	4 weeks[4] if current age <12 months; 8 weeks (as final dose)[4] if current age ≥12 months and second dose administered at age <15 months; No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal[5]	6 wks	4 weeks if first dose administered at age <12 months and current age <24 months; 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months; No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months; 8 weeks (as final dose) if current age ≥12 months; No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months			
Hepatitis A[9]	12 mos	6 months			

CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses: Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 yrs[10]	4 weeks	4 weeks if first dose administered at age <12 months; 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus[11]	9 yrs	4 weeks	12 weeks		
Hepatitis A[9]	12 mos	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	4 weeks if first dose administered at age ≥13 years; 3 months if first dose administered at age <13 years			

1. Hepatitis B vaccine (HepB). *(Minimum age: birth)*

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

2. Rotavirus vaccine (Rota). *(Minimum age: 6 weeks)*

- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). *(Minimum age: 6 weeks)*

- The fifth dose is not necessary if the fourth dose was administered at age ≥4 years.
- DTaP is not indicated for persons aged ≥7 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). *(Minimum age: 6 weeks)*

- Vaccine is not generally recommended for children aged ≥5 years.
- If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

5. Pneumococcal conjugate vaccine (PCV). *(Minimum age: 6 weeks)*

- Vaccine is not generally recommended for children aged ≥5 years.

6. Inactivated poliovirus vaccine (IPV). *(Minimum age: 6 weeks)*

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

7. Measles, mumps, and rubella vaccine (MMR). *(Minimum age: 12 months)*

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with ≥4 weeks between the doses.

8. Varicella vaccine. *(Minimum age: 12 months)*

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons aged <13 years if administered ≥28 days after the first dose.

9. Hepatitis A vaccine (HepA). *(Minimum age: 12 months)*

- HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). *(Minimum ages: 7 years for Td, 10 years for BOOSTRIX®, and 11 years for ADACEL™)*

- Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at age <12 months. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).

11. Human papillomavirus vaccine (HPV). *(Minimum age: 9 years)*

- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at http://www.vaers.hhs.gov or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at http://www.cdc.gov/nip/default.htm or telephone, 800-CDC-INFO (800-232-4636).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION • SAFER • HEALTHIER • PEOPLE

CS103164

Feedback: lunch rounds at the NIC and NIP-INFO hot line

- **Format**
  - **Easier to read, convenient to print and use for separate age groups**
  - **Colors are harmonized with adult schedule**
  - **Catch-up bars (green) in the routine schedule are confusing**
  - **Catch-up schedule is always very complex**
- **Content**
  - **Clearer**
  - **References in the footnotes are useful**
  - **Correct level of details**
- **Suggestions**
  - **HepB vaccine birth dose**
  - **Clarifications for PCV indication**
  - **More details for children with special medical conditions**
  - **Options for black& white copier machine**
  - **Use brand names**

Update on the WG activities

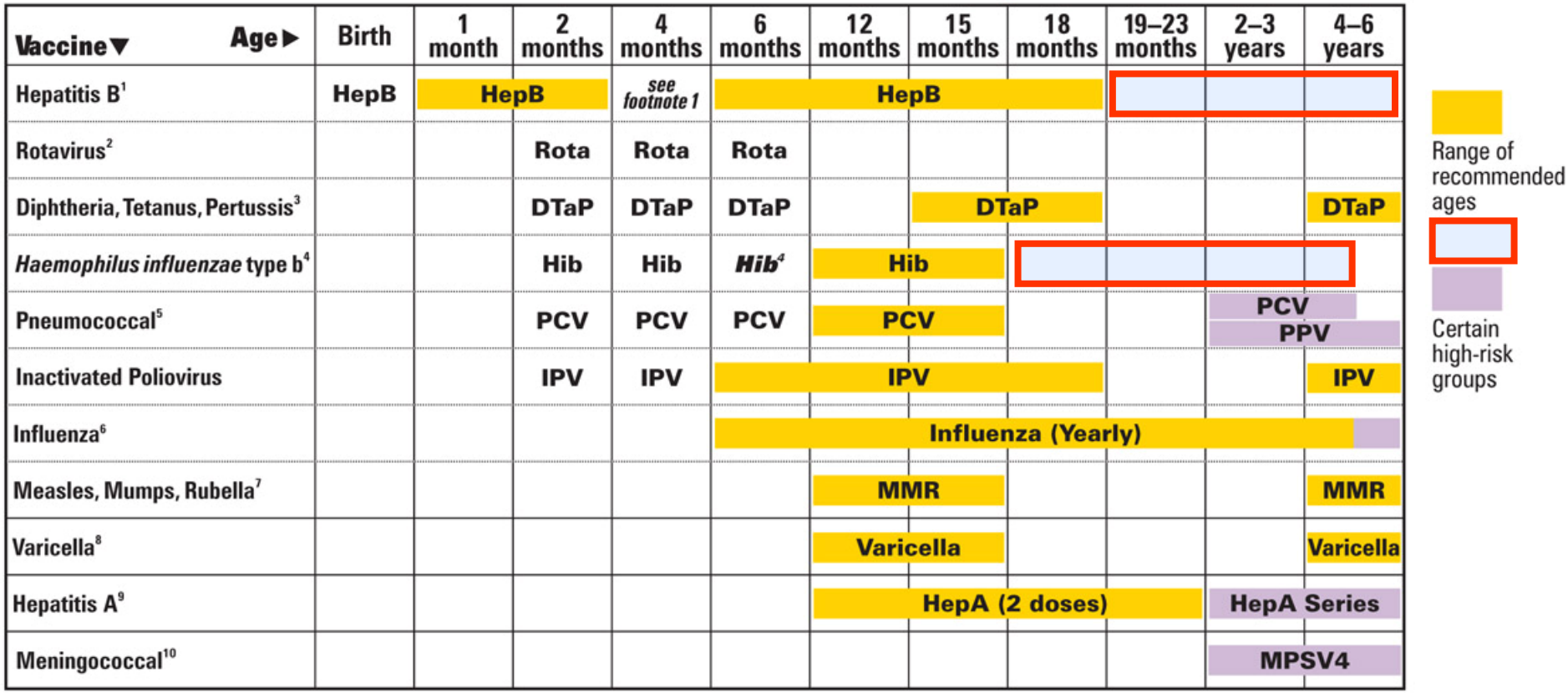
- **Met with the adult immunization schedule workgroup**
  - **Persons with special medical conditions**
  - **Timing of publication of the Immunization schedules**
  - **Experience with qualitative survey, Focus Group Discussion**
- **Provided feedback for draft immunization schedule for HIV-infected children aged 0-6**

Proposed changes to the immunization schedules-- 2008

- **New vaccines being considered by FDA**
- **New indications for existing vaccines**
  - **Flumist vaccine maybe recommended for younger age group for 2007-8 season**
- **Improving schedules' content, format and presentation**

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at http://www.cdc.gov/nip/recs/child-schedule.htm. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers, hhs.gov or by telephone, 800-822-7967.

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

Vaccine ▼ / Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis[1]	*see footnote 1*	Tdap	Tdap		
Human Papillomavirus[2]	*see footnote 2*	HPV (3 doses)	HPV Series		
Meningococcal[3]	MPSV4	MCV4	MCV4		
Pneumococcal[4]	PPV				
Influenza[5]	Influenza (Yearly)				
Hepatitis A[6]	HepA Series				
Hepatitis B[7]	HepB Series				
Inactivated Poliovirus[8]	IPV Series				
Measles, Mumps, Rubella[9]	MMR Series				
Varicella[10]	Varicella Series				

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at http://www.cdc.gov/nip/recs/child-schedule.htm. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

Catch-up Immunization Schedule

UNITED STATES • 2008

for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus[2]	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis[3]	6 wks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 wks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age ≥15 months	4 weeks[4] if current age <12 months 8 weeks (as final dose)[4] if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal[5]	6 wks	4 weeks if first dose administered at age <12 months and current age <24 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months			
Hepatitis A[9]	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 yrs[10]	4 weeks	4 weeks if first dose administered at age <12 months 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus[11]	9 yrs	4 weeks	12 weeks		
Hepatitis A[9]	12 mos	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	4 weeks if first dose administered at age ≥13 years 3 months if first dose administered at age <13 years			

FOOTNOTES

1. Hepatitis B vaccine (HepB). *(Minimum age: birth)*

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is HBsAg-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mothers' negative HBsAg laboratory report documented in the infant's medical record.

Following the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of 3 or more doses in a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose of HepB:

- It is permissible to administer 4 doses of HepB when combination vaccines are given after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (RotaT). *(Minimum age: 6 weeks)*

- Administer the first dose between 6 and 12 weeks of age. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by 32 weeks of age. Do not administer a dose later than age 32 weeks.
- There are insufficient data on safety and efficacy outside of these age ranges.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). *(Minimum age: 6 weeks)*

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). *(Minimum age: 6 weeks)*

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHiBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in ≥12 months olds.

5. Pneumococcal vaccine. *(Minimum age: 6 weeks for Pneumococcal Conjugate Vaccine (PCV); 2 years for Pneumococcal Polysaccharide Vaccine (PPV))*

- Administer PCV at ages 24-59 months in certain high risk groups. Administer PPV to certain high-risk groups aged ≥2 years. See *MMWR* 2000; 49(RR-9):1-35.

6. Influenza vaccine. *(Minimum age: 6 months for trivalent inactivated influenza vaccine (TIV); 5 years for live, attenuated influenza vaccine (LAIV)*

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006; 55(RR-10);1-41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged ≤9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). *(Minimum age: 12 months)*

- Administer the second dose of MMR at age 4–6 years. MMR may be administered prior to age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

8. Varicella vaccine. *(Minimum age: 12 months)*

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered prior to age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). *(Minimum age: 12 months)*

- HepA is recommended for all children at 1 year of age (i.e., 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children including in areas where vaccination programs target older children. See *MMWR* 2006; 55(RR-7):1-23.

10. Meningococcal polysaccharide vaccine (MPSV4). *(Minimum age: 2 years)*

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups. See *MMWR* 2005;54 (RR-7):1-21.

Proposed changes to the footnotes, 0-6 years

- **In the footnotes ad: * For additional details see catch-up immunization schedule.**
- **HepB birth dose wording: "If the mother is HBsAg-negative, the birth dose can be delayed, in rare cases, with physician's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record."**
- **PCV wording: "Administer PCV at ages 24-59 months in certain high-risk groups; consider catch-up for other children aged 24-59 months"**

Proposed changes to the footnotes, 7-18 years

- **In the footnotes ad:**

*** The catch-up bars highlight the importance of the adolescent platform; for additional details see catch-up immunization schedule.**

Proposed changes to the footnotes, catch-up schedule

- **PCV wording: "Administer PCV at ages 24-59 months in certain high-risk groups; consider catch-up for other children aged 24-59 months. Vaccine is not generally recommended for children aged ≥ 5 years."**

Summary

- **Updating immunization schedules requires multiple activities**
  - **Feedback from immunization providers is important**
  - **Collaboration with different ACIP WG-s and subject matter experts**
  - **Harmonization with other stakeholders**
- **New drafts of the immunization schedules will be presented for the ACIP approval in October, publication January 2007**

Acknowledgments: ACIP WG members and CDC staff

Curtis Allen
Norman Baylor
Jeffery Berg
Angela Calugar
Susie Childrey
Steve Gordon
Andrew Kroger
Susan Lett
Eric Mast
Lynne McIntyre
Nancy Messonnier
Amy Middleman
Julie Morita
Pekka Nuorti
Diane Peterson
Joni Reynolds
Lorry Rubin
Patsy Stinchfield
Jonathan Temte
Greg Wallace

- **Individual immunization providers**